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European Association of Urology

## Words of Wisdom

### Re: Active Surveillance of Prostate Cancer is a Viable Option in Men Younger than 60 Years

Salari K, Kuppermann D, Preston MA, et al

J Urol 2019; 201:721–7

#### Experts' summary:

The authors report the outcomes for two large North American cohorts of patients with low-risk prostate cancer managed with initial active surveillance (AS) over mean follow-up of 6.2 yr. They stratify outcomes according to two age categories (<60 yr vs ≥60 yr). Interestingly, at follow-up there were no differences in 5-yr progression-free survival, treatment-free survival, metastasis-free survival, or prostate cancer-free survival. Therefore, the authors conclude that AS may represent a safe option even in young patients, since the outcomes are not different to those for older patients. Finally, the authors address the variables associated with a higher risk of progression among younger patients, and demonstrate that age does not represent an independent predictor of cancer progression in this age category.

#### Experts' comments:

First, the authors should be commended for their willingness to enroll such a wide number of young patients (<60 yr) in AS programs during the study period. Indeed, despite a steady increase in AS in recent years [1], as the authors state, younger men are often counseled towards active treatment because of longer life expectancy, fewer comorbidities, and the perceived likelihood that intervention will ultimately be required. On one hand, owing to the retrospective design of the study, it might be speculated that several biases apply, especially in terms of selection criteria for the younger patients recruited. Moreover, it is reasonable that the longer the follow-up, the higher will be the proportion of younger men who will progress to reclassification and eventually to active treatment. On the other hand, it is likely that patients enrolling in AS in recent years will show even lower rates of upgrading and upstaging during follow-up compared to more historical series because of widespread use of the newest imaging modalities (especially multiparametric magnetic reso-

nance imaging) and genetic biomarkers, which currently play a significant role in ruling out misclassified aggressive cancers [2,3]. The urological community has gradually been accepting the option of AS for younger men to preserve quality of life without losing the window for curability [4]. The message is strong and corroborates the finding of previous studies [5] for a larger number of patients, so the initial fear of recommending AS for selected young patients with low-risk prostate cancer is gradually disappearing.

**Conflicts of interest:** The author has nothing to disclose.

#### References

- [1] Mahal BA, Butler S, Franco I, et al. Use of active surveillance or watchful waiting for low-risk prostate cancer and management trends across risk groups in the United States, 2010–2015. *JAMA* 2019;321:704–6.
- [2] Klotz L, Loblaw A, Sugar L, et al. Active surveillance magnetic resonance imaging study (ASIST): results of a randomized multicenter prospective trial. *Eur Urol* 2019;75:300–9.
- [3] Lin DW, Newcomb LF, Brown MD, et al. Evaluating the four kallikrein panel of the 4Kscore for prediction of high-grade prostate cancer in men in the Canary prostate active surveillance study. *Eur Urol* 2017;72:448–54.
- [4] Briganti A, Fossati N, Catto JWF, et al. Active surveillance for low-risk prostate cancer: the European Association of Urology position in 2018. *Eur Urol* 2018;74:357–68.
- [5] Leapman MS, Cowan JE, Nguyen HG, et al. Active surveillance in younger men with prostate cancer. *J Clin Oncol* 2017;35:1898–904.

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